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WASHINGTON STATE
DEPARTMENT OF ECOLOGY

Send To:

Washington Department of Ecology
Hazardous Waste Information & Planning
Attn: DW Notifications
P.O. Box 47658
Olympia, WA 98504-7658
(206) 459-6387

WASTE MANAGEMENT BRANCH
FORM 2

REC'D	MAR 02 1993	1993
LOG	MAR 11 1993	JUL 15 1993
REVIEW	SEP 17 1993	9/92 X X
G/WAC		
WA		

USEPA RCRA
3014066

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

- ☐ A. FIRST NOTIFICATION
(No previous application has been made for this site.)
- ☐ B. REVISED NOTIFICATION DATE 2/22/93
(Complete all sections of the form. Enter existing site ID # in 1F.)
- ☐ C. WITHDRAW SITE ID # DATE _____
(Complete Sections 1F, 2-8 & 13. Enter existing site ID # in 1F.)
- ☐ D. REACTIVATE SITE ID # _____
(Complete all sections of the form. Enter previously assigned site ID # in 1F.)
- ☐ E. CANCEL SITE ID # DATE _____
(Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2-8 & 13. Enter existing site ID # in 1F.)
- ☒ F. EXISTING SITE ID # WA 0000602813
(Complete for items 1B, C, D & E only.)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER															2.B. SIC CODE(S)														
601-395-226															3462 3463														
2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE																													
3. NAME OF INSTALLATION																													
THE JORGENSEN FORGE CORPORATION																													
4. LOCATION OF INSTALLATION (Attach site location map.)																													
Street																													
8531 EAST MARGINAL WAY SOUTH																													
County Name KING																													
City or Town															State					ZIP Code									
SEATTLE															WA					98108-4018									
5. INSTALLATION MAILING ADDRESS																													
Street or P.O. Box																													
8531 EAST MARGINAL WAY SOUTH																													
City or Town															State					ZIP Code									
SEATTLE															WA					98108-4018									
6.A. INSTALLATION CONTACT																													
Name (last)															(first)														
LINNE															LEE														
Job Title															Phone Number														
MANAGER PURCHASES															206-762-1100														
6.B. INSTALLATION CONTACT MAILING ADDRESS																													
Street or P.O. Box																													
8531 EAST MARGINAL WAY SOUTH																													
City or Town															State					ZIP Code									
SEATTLE															WA					98108-4018									
7.A. NAME OF INSTALLATION'S LEGAL OWNER																													
THE JORGENSEN FORGE CORPORATION																													
Street or P.O. Box																													
8531 EAST MARGINAL WAY SOUTH																													
City or Town															State					ZIP Code									
SEATTLE															WA					98108-4018									
7.B. PROPERTY OWNERSHIP (Also provide address in section 12 if different from 7A.)																													
SAME JORGENSEN FORGE CORPORATION																													
7.C. OWNER TYPE															7.D. PROPERTY TYPE														
P															P														

9/28/93 job

8.A. NAME OF INSTALLATION THE JORGENSEN FORGE CORPORATION 8.B. SITE ID # WAD000602813
(Same as Item No. 3)

9. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 9.A., 9.B., or 9.C. below that may apply).

9.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☒ 1. GENERATOR ☐ 1a. Conduct on-site recycling — 1
- ☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ *Other
(*Specify in comments)
- ☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Process conducted or available at this facility;
(1) ☐ Treatment (2) ☐ Storage (3) ☐ Disposal
(4) ☐ Other (specify in comments).
3c. Current Part A ____/____/____
Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS—6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer
6c. ☐ Burner. (COMPLETE 9c.—TYPE OF COMBUSTION DEVICE)

9.B. USED-OIL FUEL ACTIVITIES

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 9c.)
- ☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

9.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

10. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams)

N U M B E R	A.	B.	C.	D. W E I G H T
	DESCRIPTION OF WASTE(S)	DANGEROUS WASTE NUMBER(S)	ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	
1	HAZARDOUS WASTE, SOLID N.O.S. ORM-RQ NA 9189 (K061) <i>Petroleum Naphtha</i>	0001	97520	P
2				
3				
4				
5				

11. Complete sections A, B or C. Section D is mandatory.

11.A. ☒ (Batch Frequency 90 DAYS) 11.B. ☐ PER MONTH

11.C. ☐ ONE-TIME ONLY

QUANTITY WEIGHT
25000 P
CODE

QUANTITY WEIGHT
CODE

QUANTITY WEIGHT
CODE

11.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT

QUANTITY WEIGHT
25000 P
CODE

12. COMMENTS

1

13. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (type or print)

DATE SIGNED

LEE LINNE
MANAGER PURCHASES

2/25/93